

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-2884.M2

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 26, 2004

Re: IRO Case # M2-05-0087

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. M.D. review
4. TWCC pre authorization reports

5. M.D. notes 2003
6. RME 3/1/04
7. IME 1/21/03
8. M.D. notes 2002-2004

History

The patient is a 53-year-old female who was injured in ____ when she lifted a 100 pound student. The patient developed neck and left upper extremity pain. The pain continued and EMG evaluation on 4/13/99 showed left C-6 radiculopathy. An MRI apparently showed C3-4, 4-5 and 5-6 disk ruptures with nerve root compression according to various reviewers. A repeat MRI showed the same findings. This led to an ACDF at C3-4, 4-5, and 5-6 on 7/8/99. The patient's discomfort continued despite 21 physical therapy sessions. The patient had some swallowing difficulty at one time, and this was thought to be possibly secondary to the plating, but the plates were not thought to be enough of a problem to be removed. The patient has had various ER visits, with headache, neck pain, seizure activity, low back pain that required epidural steroid injections. A CT cervical myelogram in October 2002 showed no surgically significant pathology. The patient continued with pain in various areas, including her head, neck, upper back and extremities. Psychiatric evaluation has led to the opinion that multiple diagnoses are present, and could be a factor in the patient's pain.

Requested Service(s)

Cervical facet joint injections and Lidocaine infusions

Decision

I agree with the carrier's decision to deny the requested cervical facet joint injections and Lidocaine infusions.

Rationale

It is indicated that the last time the patient had Lidocaine infusions, the benefit lasted for three weeks, but according to the notes, the procedure was performed on 8/17/04, and only two weeks later there was significant discomfort. Facet injections had been done in the past with only transient relief, and this relief was so transient, as was the relief of the Lidocaine injections, that the frequency required for giving any significant relief on a regular basis would probably be accompanied by complications that would make them not indicated. In addition, a review of the records provided suggests that it is questionable as to whether the injections actually gave significant relief for more than a few hours.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 27th day of October 2004.

Signature of IRO Representative:

Printed Name of IRO Representative: